

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF GEORGIA

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Atlanta Pediatric Therapy, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 01-0646090

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	6035 Peachtree Rd Atlanta, GA 30360 Number, Street, City, State & ZIP Code	P.O. Box, Number, Street, City, State & ZIP Code
	DeKalb County	Location of principal assets, if different from principal place of business
		Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor Atlanta Pediatric Therapy, Inc. Case number (if known) \_\_\_\_\_  
Name

**7. Describe debtor's business**

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.  
 \_\_\_\_\_

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- ☐ Chapter 7  
☐ Chapter 9

☒ Chapter 11. Check **all** that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.  
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **Atlanta Pediatric Therapy, Inc.**  
Name

Case number (if known)

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No  
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

11. Why is the case filed in this district?
- Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?
- ☒ No  
☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** (Check all that apply.)
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other \_\_\_\_\_
- Where is the property?** \_\_\_\_\_  
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

**Statistical and administrative information**

13. Debtor's estimation of available funds
- Check one:
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

15. Estimated Assets
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000      | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000     | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million   | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

16. Estimated liabilities
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|--|--|

Debtor	<b>Atlanta Pediatric Therapy, Inc.</b>	Case number (if known)	
Name			
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **Atlanta Pediatric Therapy, Inc.** Case number (if known) \_\_\_\_\_  
Name

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **February 7, 2024**  
MM / DD / YYYY

**X /s/ George Rosero**  
Signature of authorized representative of debtor  
  
Title **President**

**George Rosero**  
Printed name

**18. Signature of attorney**

**X /s/ Cameron M. McCord**  
Signature of attorney for debtor

Date **February 7, 2024**  
MM / DD / YYYY

**Cameron M. McCord 143065**  
Printed name

**Jones & Walden, LLC**  
Firm name

**699 Piedmont Avenue NE  
Atlanta, GA 30308**  
Number, Street, City, State & ZIP Code

Contact phone **404-564-9300** Email address **info@joneswalden.com**

**143065 GA**  
Bar number and State

**Fill in this information to identify the case:**

Debtor name **Atlanta Pediatric Therapy, Inc.**  
 United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Accolade Consultants 8308 Dr Office Park Douglasville, GA 30134						\$11,211.75
Availity PO Box 844793 Dallas, TX 75284						\$2,627.25
Capital One Spark Business PO Box 60599 City of Industry, CA 91716						\$15,720.34
CFG Merchant Solutions 180 Maiden Ln Suite 1502 New York, NY 10038						\$20,640.00
Cintas Fire PO Box 636525 MO						\$400.21
E3 Diagnostics 3333 N. Kennicott Ave Arlington Heights, IL 60004						\$284.89
Eminent Funding, LLC 1202 Avenue Ste 1115 Brooklyn, NY 11229						\$16,873.00
Experity 8777 Vlocity Dr Machesney Park, IL 61115						\$600.00

Debtor **Atlanta Pediatric Therapy, Inc.**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Forest Captial Post Office Box 978 Brooklandville, MD 21022						\$15,961.00
Fundr 2999 NE 191st St, Suite 701 Miami, FL 33180						\$27,073.30
Jeong Oh America LLC 45 Old Peachtree Rd NW Ste 700 Suwanee, GA 30024						\$37,750.81
Lending Funding Metrics 3220 Tillman Drive, Suite 200 Bensalem, PA 19020						\$76,106.60
Lending Funding Metrics 3220 Tillman Drive, Suite 200 Bensalem, PA 19020						\$35,190.68
Liquidibee 1 LLC 2999 NE 191st St Suite 701 Miami, FL 33180						\$11,349.45
Modio Health Inc. 2228 W. Great Neck Rd Suite 205 Virginia Beach, VA 23451						\$8,061.88
Raintree 30650 Rancho California Rd Ste 406 # 208 Temecula, CA 92591						\$255,600.00
Reminder.call 115 E. Stevens Ace Suite 300 Valhalla, NY 10595						\$2,766.45
RPT LLC Promenade at Pleasant Hill PO Box 350018 Duluth, GA 30096						\$32,932.10
Sfax PO Box 102011 Pasadena, CA 91189						\$266.70

Debtor **Atlanta Pediatric Therapy, Inc.** Case number (if known) \_\_\_\_\_  
Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Small Business Administration 233 Peachtree St, NE Ste 1900 Atlanta, GA 30303		Accounts Receivable		\$487,504.00	\$55,000.00	\$432,504.00



**United States Bankruptcy Court  
Northern District of Georgia**

In re Atlanta Pediatric Therapy, Inc.

Debtor(s)

Case No.

Chapter

11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
George Rosero	Equity	100	Equity

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date February 7, 2024

Signature /s/ George Rosero  
**George Rosero**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*

Accolade Consultants  
8308 Dr Office Park  
Douglasville, GA 30134

Availity  
PO Box 844793  
Dallas, TX 75284

Capital One Spark Business  
PO Box 60599  
City of Industry, CA 91716

CFG Merchant Solutions  
180 Maiden Ln  
Suite 1502  
New York, NY 10038

Checkr  
1 Montgomery St, Suite 2400  
San Francisco, CA 94104

Cintas Fire  
PO Box 636525  
MO

E3 Diagnostics  
3333 N. Kennicott Ave  
Arlington Heights, IL 60004

Eminent Funding, LLC  
1202 Avenue Ste 1115  
Brooklyn, NY 11229

Experity  
8777 VLOCITY Dr  
Machesney Park, IL 61115

Forest Captial  
Post Office Box 978  
Brooklandville, MD 21022

Fundr  
2999 NE 191st St, Suite 701  
Miami, FL 33180

Jeong Oh America LLC  
45 Old Peachtree Rd NW Ste 700  
Suwanee, GA 30024

Lending Funding Metrics  
3220 Tillman Drive, Suite 200  
Bensalem, PA 19020

Liquidibee 1 LLC  
2999 NE 191st St Suite 701  
Miami, FL 33180

Modio Health Inc.  
2228 W. Great Neck Rd  
Suite 205  
Virginia Beach, VA 23451

Raintree  
30650 Rancho California Rd  
Ste 406 # 208  
Temecula, CA 92591

Reminder.call  
115 E. Stevens Ace  
Suite 300  
Valhalla, NY 10595

RPT LLC  
Promenade at Pleasant Hill  
PO Box 350018  
Duluth, GA 30096

Sfax  
PO Box 102011  
Pasadena, CA 91189

Small Business Administration  
233 Peachtree St, NE  
Ste 1900  
Atlanta, GA 30303

State Farm Insuarncce  
PO Box 52251